

Building/Room: _____

Hazardous Waste Accumulation Area Weekly Inspection Checklist
(Prescribing Document – SSCSDINST 4110.1A)

		Problems Discovered	Corrective Action Taken	Date Corrected
Does each container have a hazardous waste (HW) label fully completed and affixed to the container?	SAT UNSAT <input type="checkbox"/> <input type="checkbox"/>			
Are all containers closed when not in use?	SAT UNSAT <input type="checkbox"/> <input type="checkbox"/>			
Are containers compatible with the HW stored in them?	SAT UNSAT <input type="checkbox"/> <input type="checkbox"/>			
Are all containers in good condition (not damaged, leaking, rusted, etc.)?	SAT UNSAT <input type="checkbox"/> <input type="checkbox"/>			
Are incompatibles stored separately (not in the same container or same containment tray)?	SAT UNSAT <input type="checkbox"/> <input type="checkbox"/>			
Do all containers with liquids have secondary containment?	SAT UNSAT <input type="checkbox"/> <input type="checkbox"/>			
Is the accumulation start date on each HW label no longer than 45 days (or 9 months if satellite accumulation) from the present date?	SAT UNSAT <input type="checkbox"/> <input type="checkbox"/>			
Is there adequate aisle space around containers?	SAT UNSAT <input type="checkbox"/> <input type="checkbox"/>			
Is there a working communication system (such as a telephone) available nearby?	SAT UNSAT <input type="checkbox"/> <input type="checkbox"/>			
Is there a fire extinguisher and a spill kit available nearby?	SAT UNSAT <input type="checkbox"/> <input type="checkbox"/>			

Inspector: _____

Date: _____

Time: _____